PTO/SB/06 (0 €-03)
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Und	PATI	ENT APPLIC	-	Application or Dozket Number							
Substitute for Form PTO-875 CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBE	NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))								s	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20	ninus 20 =			× \$=		OR	x \$=	
INDE	PENDENT CLAIN	1S	minus 3 =				x \$ =		OR	x \$=	
(0.00.000)						+s =		OR	+ \$ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) * If the difference in column 1 is less than zero, enter "0" in column 2.									OR	TOTAL	
• If th	e difference in c	olumn 1 is less tha	ter "0" in column 2	TOTAL		I OR	TOTAL	L			
	Cl	AIMS AS AME	ENDED	– PART II						AT1 1=1	D. TILLAND
	(Column 1) (Column 2) (Column 3)						SMALL E	NTITY	OR 1		R THAN ENTITY
NTA	alalot	ELAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1,16(c))	(63)	Minus	·· (03	= /		× \$=	/	OR	x \$=	
믦	Independent (37 CFR 1,16(b))	٠٠١	Minus	··· [3	= (× \$=		OR	x s=/	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5 =		OR	+\$ =	
The state of the s						!	TOTAL		OR	TOTAL ADD'L FEE	
							ADD'L FEE		1 2,,	700 61 66	
		(Column 1) CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Column 2) HIGHEST	(Column 3)	l			1		455:
NT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	••	n		x \$=		OR	x s=	, i
AMENDMENT	Independent (37 CFR 1.15(b))	•	Minus	***	=		x s=		OR	x \$=	<u> </u>
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	;
									.		
		(Column 1)		(Column 2) HIGHEST	(Column 3)	1			1		455.
NT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	••	=		x s=		OR	x \$=	
ENDMENT	Independent (37 CFR 1.16(b))		Minus	***	=		x \$=		OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	* Kitha *Liabact	column 1 is less the Number Previousl	v Paid For	' IN THIS SPACE	is less than 20.	. er	nter "20".	<u> </u>	_		
		Number Previously	. Daid Ead	IN THIS SDACE	ic locs than 3 A	ากเ	number found ir	the appropri	ate box in	column 1.	<i>e </i>

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.